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SERIAL NUMBER 10/815,509	FILING OR 371(c) DATE 03/31/2004 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 355908-3951
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/460,456 04/03/2003 *yes & it*

**** FOREIGN APPLICATIONS *******

no GA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 1	TOTAL CLAIMS <i>279</i>	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

38706

TITLE

Treatment of endothelin-related disorders

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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